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Department of Industrial Relations
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**INSTRUCTIONS:
PUBLIC SELF INSURER'S ANNUAL REPORT
FOR JOINT POWERS AUTHORITY AND MEMBERS
Fiscal Year Ending June 30, 2005**

General Information

The annual report form, Form A4-40c, is for the Joint Powers Authority and all its members. The JPA is responsible for submitting a single annual report on behalf of itself and the members, which do not receive an annual report form.

The individual members of your JPA are not required to submit page 3, a separate liabilities report. The JPA is only required to submit one consolidated liabilities report—unless there are separate third party administrator reporting locations.

Page 1 of the annual report form sent to the JPA is partially preprinted. All the JPA's members that should be reported on this year's annual report are preprinted on the reverse side of page 1. This preprinted information should be verified for accuracy, and any errors in the preprinted material should be marked in ink on the report.

The entire annual report is required to be completed. Incomplete reports will be returned.

If applicable, page 2, Consolidated JPA Liabilities, and page 3, Liabilities by Reporting Location, should be completed by your third party administrator. All third party administrators have also been sent blank pages 2 and 3.

The reports are due **October 1, 2005**. Any report not postmarked by October 1, 2005 will be considered late. Please submit the original and one copy of the annual report, and two copies of the List of Open Indemnity Cases. The original annual report must be on white legal size paper with the appropriate original signatures.

Incomplete reports will be returned to the JPA. Civil penalties will be assessed for late and/or incomplete annual reports.

Instructions: Page 1—preprinted/to be completed by JPA

1. Verify or insert the JPA certificate number.

Indicate if the JPA is currently pooling the workers' compensation claims of its members by marking active or revoked.

2. Period of report. Indicate full year, unless this is an interim/amended report.

3. Name of master certificate holder. Verify the name and address of the JPA.

Federal tax identification number. Enter the federal tax ID # of the JPA.

4. Types of public agencies in this JPA. Indicate by an "x" the types of public agencies that are members of the JPA for purposes of pooling workers' compensation liabilities.

5. Indicate any changes made to the JPA or its members in the period July 1, 2004 through June 30, 2005. These include mergers, unification, name changes and new members.

6. Indicate if there are employees of the JPA or its members who are not covered by this self insurance. For any employees not covered by this self insurance program, indicate how they are covered for workers' compensation.

7. Verify the name and address of the person receiving all correspondence. Usually the executive officer of the JPA, this is the person to whom we will send all correspondence, invoices for fees and penalties, annual reports, notices of changes in regulations and other pertinent information.

8. Certification. Requires an original signature of the person authorized to sign on behalf of the JPA and its members. Reports without an original signature will be returned.

9. Verify or add the full name, sub certificate number and federal tax ID # for each member of the JPA that self insures their workers' compensation liabilities. You are also required to submit the number of employees and total wages and salaries paid by each member.

The total number of individual employees can be attained from the members' EDD Quarterly Report Form DE-6. However, because the DE-6 form is filed quarterly, not yearly, the employer needs to count the total number of separate social security numbers of every employee who worked for them in the fiscal year. Any person who received a W-2 is counted no matter how short a period of time worked.

The total wages paid from July 1, 2004 through June 30, 2005 must also be reported. This number can be compiled by adding line M from the four quarterly Employment Development Department DE-6 forms submitted for the year.

Instructions: Page 2

II. Consolidated JPA Liabilities

This section must be completed by the third party administrator, or your in-house claims administrator if self administered. This page is used to report the liabilities of all the JPA's members. It is the only liability report required to be filed, unless you have more than one third party administrator reporting location.

Enter the DWC 10 digit certificate number: the first number is either 4 for TPA or 6 for self administered—the next four are the self insurer certificate number—the next two are the adjusting location number—the last three are the TPA certificate number, or 099 for self administered.

Enter the name of the JPA.

Type of report. This should be an original report, unless used for an interim report or sent subsequently to the original report to correct an error.

A. Cases and benefits. This is a summary of all the liability reported by the JPA's individual members. The members are not required to submit a separate report of liabilities.

1. Report the cases open as of 6/30/2005 that were reported prior to fiscal year 2000-01.
2. Report the cases open and closed by fiscal year. Please note that this annual report requires five years of open cases to be separated out from the total reported each year for fiscal years 2000-01, 2001-02, 2002-03, 2004-and 2004-05.

Add the future liability \$ indemnity column for all years to obtain the subtotal of \$ indemnity.

Add the future liability \$ medical column for all years to obtain the subtotal of \$ medical liability.

3. Enter estimated future liability = subtotal of \$ indemnity + subtotal of \$ medical liability.
4. Enter total benefits paid in \$ indemnity and \$ medical from July 1, 2004 through June 30, 2005.
5. Enter the number of medical-only cases reported from July 1, 2004 through June 30, 2005.
6. Enter the number of indemnity-only cases reported from July 1, 2004 through June 30, 2005.

7. Enter the total number of cases open from July 1, 2004 through June 30, 2005. This number should be the total of items 5 and 6 above, and should equal the number entered for item 2e above.
 8. Enter the total number of open indemnity cases for all years.
 9. Enter the total number of fatality cases reported from July 1, 2004 through June 30, 2005.
 10. (a) Enter the total number of fiscal year 2004-2005 claims for which the claims administrator was notified of representation by an attorney or legal representative.

(b) Enter the total number of new applications for adjudication received for any claim year during July 1, 2004 through June 30, 2005.
- B. This section should be completed by the JPA. Enter the total of all employees reported by the JPA's members, and the total of all wages reported by the JPA's members. This information should correspond to the number reported on the reverse side of page 1.

IIA. Administrator

This section must also be completed by the third party administrator, or your in-house claims administrator if self administered.

- A. List the name of the current administrator or TPA at the time the report is being completed.

Note: This may not be the same as the claims administrator actually responsible for completing the report. If there is a change of administrator on or after July 1, 2004, the new administrator's name should be entered in item A, and the name of the prior administrator completing the annual report should be entered in item C.

List the name of the person responsible for the claims, the administrative agency name and address, and the complete TPA certificate number that was issued by SIP.

The person named in item A or C must have passed the Administrator's Exam.

- B. Please indicate if there has been any change in claims administration from July 1, 2004.
- C. List the name of the prior administrator or administrative agency. Complete this section if the claims administration changed during the period of the report or since July 1, 2004 as indicated in item A above.

The certification must have an original signature and be completed with the administrator's name, title, company and address.

Reports without original wet signatures will be returned.

The certification must be signed by a person who has passed the Administrator's Exam and whose name is on file at SIP. Any name changes need to be reported prior to submitting the annual reports. A request for a name change must be accompanied by documents such as a marriage license, divorce decree or petition for name change. Reports with unqualified persons signing the liabilities section will be returned to the self insurer.

Instructions: Page 3

III. Liabilities by Reporting Location

This page should only be used if the JPA's claims are administered by more than one TPA or at more than one adjusting location. A page 3 is submitted for each TPA and each adjusting location.

Type of report. This should be an original report, unless used for an interim report or sent subsequently to the original report to correct an error.

A. Cases and benefits. See instructions for page 2, A. Cases and benefits.

IIIA. Administrator—see instructions for page 2.

Instructions: Page 4

IV. Records Storage

Indicate whether the claims records are kept at any location other than with the present administrator. If so, give the name and address of the other locations.

V. Insurance Coverage

This section should be completed by the JPA or member. If any of the questions are not answered, the annual report will be returned.

1. Indicate if any of the workers' compensation liabilities are covered by a standard workers' compensation policy. List the insurance company name, policy number and issue date.
2. Indicate if any of the workers' compensation liabilities are covered by a specific excess workers' compensation insurance policy. List the insurance company name, policy number and issue date.

3. Indicate if any of the workers' compensation liabilities are covered by an aggregate workers' compensation insurance policy. List the insurance company name, policy number and issue date.

VI. Open Indemnity Claims

Attach a list of all open indemnity claims. This list may be on the page 6 form, or a computer run organized in the same format. Indicate any claims that are being paid pursuant to Labor Code Section 4850. This amount must also be included in Consolidated Liabilities, page 2.

Instructions: Page 5

VII. Funding of JPA Liabilities

This section is a questionnaire for the JPA to complete regarding its methods for funding workers' compensation liabilities.

We remind you that Labor Code Section 3702.6(b) requires each public self insurer to advise its governing board within 90 days after submission of the Self Insurers Annual Report of the total liabilities reported and whether current funding of those liabilities is in compliance with the requirements of Government Accounting Standards Board Publication 10.